

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034110

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8273

STATE FILE NUMBER

FILED AUG 22 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Florissant</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Jewish Hosp</i>		d. STREET ADDRESS (If outside, give location) <i>45 St Anthony Lane</i>	
3. NAME OF DECEASED (Type or print) First <i>John</i> Middle <i>Signorelli</i> Last <i>Signorelli</i>		4. DATE OF DEATH Month <i>August</i> Day <i>12</i> Year <i>1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12/26/1888</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Water Works</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Water Works</i>	
11. BIRTHPLACE (City and state or country) <i>Italy</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Francesco Signorelli</i>		13b. MOTHER'S MAIDEN NAME <i>Beatrice</i>	
14. NAME OF HUSBAND OR WIFE <i>Alvera Maria</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Peter Signorelli 9528 Doris Ct</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>BRONCHOPNEUMONIA, BILATERAL</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>METASTATIC SEMINOMA</i> DUE TO (c) <i>178X</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>1:00</i> a.m. <i>p.m.</i> Month, Day, Year <i>8/12/63</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION. COUNTY STATE	
21. I attended the deceased from <i>2/63</i> to <i>8/12/63</i> and last saw him alive on <i>8/12/63</i> . Death occurred at <i>1:00</i> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Richard E. Jantzen M.D.</i>		22b. ADDRESS <i>216 So. Kings Highway</i>	
22c. DATE SIGNED <i>8/14/63</i>		23. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Aug 16 1963</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo</i>	
24. FUNERAL DIRECTOR <i>Miceli 1150 N. Kings Highway</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 14 1963</i>	
26. REGISTRAR'S SIGNATURE <i>Earl Smith. M.D.</i>		27. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

original info left

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Anthony J. Muel*

Licensed Embalmer No.

*4227*

P. O. Address

*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.